



STATE OF CALIFORNIA
BUSINESS TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY
DEVELOPMENT
APPLICATION FOR OCCUPATIONAL LICENSE
CHANGE, CORRECTION, OR REPLACEMENT

SECTION 1 - PURPOSE OF APPLICATION SUBMITTED

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE PURPOSE OF THE APPLICATION SUBMITTAL, AND FOLLOW THE INSTRUCTIONS PROVIDED.

- ☐ LICENSEE PERSONAL NAME CHANGE (Complete Sections 2 and 8. For salesperson, attach old license. Fee is \$15)
☐ LICENSEE CHANGE OF RESIDENCE (Complete Sections 3 and 8. For salesperson, attach old license. Fee is \$15)
☐ SALESPERSON TERMINATION (Dealer: Complete Section 4, return license to salesperson. No fee required.)
☐ SALESPERSON EMPLOYMENT CHANGE (Dealer: Complete Section 5; Salesperson: Complete Sections 7, 8, and attach old license. Fee is \$15.)
☐ BUSINESS NAME OR MAILING ADDRESS CHANGE (Complete Sections 6 and 8, attach old license(s). Fee is \$15)
☐ OBTAIN A REPLACEMENT LICENSE (Complete Sections 7 and 8), attach old license if available. Fee is \$25.)

NOTE: COMPLETE SECTION 9 IF THE OLD LICENSE IS NOT ATTACHED WHEN REQUIRED.

NOTICE OF FEES DUE: Fees pursuant to California Code of Regulations, Title 25, Division 1, Chapter 4, Section 5040(d) and Section 5040(e) must be included when submitting this form.

SECTION 2 - LICENSEE PERSONAL NAME CHANGE LICENSE NO.(S) _____

NEW NAME _____ Effective _____

FORMER NAME _____

SECTION 3 - LICENSEE RESIDENCE ADDRESS CHANGE

LICENSE NO.(S) _____ EFFECTIVE DATE _____

NAME _____ TELEPHONE (_____) _____

NEW RESIDENCE ADDRESS _____

MAILING ADDRESS (If different) _____

SECTION 4 - SALESPERSON TERMINATION EFFECTIVE DATE _____

SALESPERSON NAME _____ LICENSE NO. _____

DEALERSHIP NAME (DBA) _____ DEALER LICENSE NO. _____

DEALER SIGNATURE _____
Type or Print Name Sign Title Date

SECTION 5 - SALESPERSON EMPLOYMENT EFFECTIVE DATE _____

SALESPERSON NAME _____ LICENSE NO. _____

DEALERSHIP NAME (DBA) _____ DEALER LICENSE NO. _____

DEALER SIGNATURE _____
Type or Print Name Sign Title Date

SECTION 6 - BUSINESS NAME OR MAILING ADDRESS CHANGE

LICENSE NO. _____

☐ Individual ☐ Partnership ☐ Corporation* ☐ Limited Liability Company*

* Attach applicable corporate minutes or articles of organization/operations agreement that shows the change(s).

NEW NAME (DBA) _____ EFFECTIVE DATE _____

FORMER DBA NAME _____

NEW CORPORATE NAME (If applicable) _____ EFFECTIVE DATE _____

FORMER CORPORATE NAME (If applicable) _____

PLACE OF BUSINESS ADDRESS _____

NEW MAILING ADDRESS _____ (_____) _____

P. O. Box or Street

City/Zip Code

Telephone

SECTION 7 - LICENSEE REPLACEMENT LICENSE

LICENSEE NAME _____ LICENSE NO. _____

ADDRESS _____ LICENSE TYPE _____

MAILING ADDRESS (If different) _____

REPLACEMENT IS DUE TO: ☐ LOSS ☐ MUTILATION ☐ ERROR ☐ NEW EMPLOYING DEALER
IF ERROR, EXPLAIN _____**SECTION 8 - APPLICANT CERTIFICATION**I, _____, certify under penalty of perjury that the information
Type or Print
contained herein is true and correct to the best of my belief.

Signature _____ Date _____

SECTION 9 - STATEMENT OF FACTSI, _____, the undersigned, hereby declare that I am unable to surrender
Type or Print
the license required to be returned with this Application for Occupational License Change, Correction or Replacement because:

I acknowledge that said license remains the property of the Department of Housing and Community Development. Should this license be located or come into my possession at a later date, I will surrender it to the nearest Housing and Community Development Office.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____

Date

City

State

Signature _____

NOTICE OF FEES DUE: Fees pursuant to California Code of Regulations, Title 25, Division 1, Chapter 4, Section 5040(d) and Section 5040(e) must be attached. Submittals for multiple changes to the same license require only one fee.